

POWER OF ATTORNEY

This Power of Attorney is to be accompanied by a certified copy of the Resolutions of the Board of Directors of the Company, authorizing such appointment.

KNOW ALL MEN BY THESE PRESENTS:

That the _____, an insurance company, duly organized under and pursuant to the laws of the State of _____, and having its principal office in the City of _____, State of _____, and its home office in the City of _____, State of _____, in order to be admitted and authorized to transact an insurance business in the State of Indiana, does hereby make, constitute and appoint _____, Insurance Commissioner of the State of Indiana, and his/her successors, its true and lawful attorney, for it, and in its name and stead, to receive and accept the service of all lawful processes in any action in law or in equity against said

The _____ hereby agrees that any lawful process against it which may be served upon _____, Insurance Commissioner of the State of Indiana and his/her successor or successors, as its attorney, shall be of the same force and validity as if served upon the said _____; and that this Power of Attorney shall continue in force and be irrevocable as long as any liability of the said _____ remains outstanding and unsatisfied within the State of Indiana.

In witness whereof the _____ has caused its name to be subscribed hereto by its President and Secretary, and its seal to be affixed, this _____ day of _____, 19____.

(Name of Insurance Company)

President

Secretary

State of _____ }
County of _____ } SS:

Before me, the undersigned, this _____ day of _____, 19____, personally appeared _____ and _____, both to me personally known, who, being duly sworn, did say that they were President and Secretary, respectively, of the _____ and that the seal affixed to the above instrument is the seal of said insurance company and that said instrument was signed and sealed on behalf of said

insurance company by authority of its Board of Directors, and said _____ and
_____ acknowledged the execution of the above instrument.

Subscribed and sworn to before me, a Notary Public in and for the County of _____,
State of _____, this _____ day of _____, 19 ____.

Notary Public

My Commission Expires: _____